MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5?○6 29 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			\				51						
2				\			52						
3				\			53						
4				\			54						
5				\			55						
6				\			56						
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18				\			68						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⬇	2	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅	18	⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS			20				TOTAL CLAIMS						